

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Scott Schewe and Victor Schoenle and Jan Weber	Docket No.: S63.2B-10941-US01
Issue No.:	7727442	
Issue Date:	June 1, 2010	
For:	MEDICAL DEVICE TUBING WITH DISCRETE ORIENTATION REGIONS	
Group Art Unit:	1791	
Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		

**REQUEST FOR CERTIFICATE OF CORRECTION
OF PATENT FOR APPLICANT'S MISTAKE (37 CFR 1.322(a) AND PETITION
UNDER 37 CFR 1.183 TO CORRECT ASSIGNEE**

1. It is noted that an error appears in this patent of a

- ☐ clerical
- ☒ typographical
- ☐ minor

nature or character as more fully described below and occurred in good faith and correction thereof does not involve such changes in the patent as would constitute new matter or would require re-examination and a certificate of correction is requested.

2. Attached in duplicate is Form PTO-1050 with at least one copy being suitable for printing.

NOTE: Form PTO-1050, using the column and line number in the printed patent should be used exclusively regardless of the length or complexity of the subject matter. MPEP §1485.

NOTE: The patent grant should be retained by the patentee. The PTO does not attach the certificate of correction to the patentee's copy of the patent. The patent grant will be returned to the patentee if submitted. MPEP§1485.

3. The exact page and line number where the errors occur in the application file are:

**On the face of the patent at (75) Inventors:
Please change the name "Schonele" to "Schoenle"**

The inventor's name was spelled incorrectly on the typed declaration as filed as well as on the application data sheet. It was spelled "Schonele", but the correct spelling is "Schoenle". The inventor's signature on the inventors declaration, as filed with the application, provides the correct spelling.

NOTE: The information should be identified in this request, however on Form PTO-1050, only the column and the line number in the printed patent should be used. MPEP§1485.

4. Please send the Certificate to:

Walter J. Steinkraus
VIDAS, ARRETT & STEINKRAUS
Suite 400
6640 Shady Oak Rd.
Eden Prairie, MN 55344-7834

5. Please pay the fee of \$100.00 as required by 37 CFR 1.20(a) as follows:

- ☐ Enclosed is a check for \$*****.
- ☐ Charge Deposit Account 22-0350 the sum of \$*****. A duplicate of this request is attached.
- ☒ Paid by Credit Card.

Respectfully submitted,
VIDAS, ARRETT & STEINKRAUS

Date: June 14, 2010

By: /Walter J. Steinkraus/
Walter J. Steinkraus
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